

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



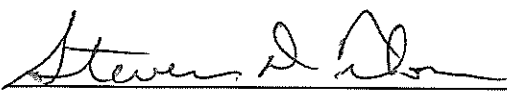
READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <input type="text"/> 5762	2. Fiscal Year Covered From: <input type="text"/> / <input type="text"/> / <input type="text"/> 2005 Through: <input type="text"/> / <input type="text"/> / <input type="text"/> 2005
3. Name and address of person filing. Name <input type="text"/> Steven <input type="text"/> D <input type="text"/> Thom P.O. Box, Bldg., Room No., if any <input type="text"/> Street <input type="text"/> 18006 Luedke Ln City <input type="text"/> Prior Lake State <input type="text"/> Minnesota ZIP Code + 4 <input type="text"/> 55372-3008	4. Name, file number, and address of labor organization. Name <input type="text"/> Carpet, Linoleum, Res. Tile Layers Local 596 Labor Organization File Number <input type="text"/> 032260 P.O. Box, Building and Room Number, if any <input type="text"/> Street <input type="text"/> 1700 W Hwy 36 #824 City <input type="text"/> Roseville State <input type="text"/> Minnesota ZIP Code + 4 <input type="text"/> 55113-4015
5. Position in labor organization. <input type="text"/> Trustee	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <input type="text"/> N/A Trade Name, if any: <input type="text"/> P.O. Box, Bldg., Room No., if any <input type="text"/> Street <input type="text"/> City <input type="text"/> State <input type="text"/> ZIP Code + 4 <input type="text"/>	7.a. Nature of Interest, Transaction, or Income. <input type="text"/> N/A 7.b. Amount. <input type="text"/>

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed 	On <input type="text"/> 3/6/2006 Date	<input type="text"/> 952-440-6847 Telephone Number

Name of Person Filing Steven Thom	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Zenith Administrators</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 2520 Pilot Knob Rd #325</p> <p>City Mendota Heights</p> <p>State Minnesota ZIP Code + 4 55120</p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name Twin City Floor Cov Ind Fringe Benefit Funds</p> <p>Trade Name, if any: c/o Zenith Administrators</p> <p>P.O. Box, Bldg., Room No., if any P.O. Box 73</p> <p>Street</p> <p>City Minneapolis</p> <p>State Minnesota ZIP Code + 4 55440-0073</p>	<p>11.a. Nature of such dealing.</p> <p>Trustee Training, conference registration, airfare lodging and meals \$3959.24</p> <p>11.b. Approximate dollar value of such dealing. \$3,959</p> <p>12.a. Nature of interest held or income received.</p> <p>amount paid to me referenced in 11.a \$2817.84 as expense reimbursement</p> <p>12.b. Amount. \$2,818</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name N/A</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p> <p>N/A</p> <p>14.b. Amount of payment.</p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	